

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

4290 State File No. 32187

Card Serial 0570

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 16 1952

BIRTH NO.		REG. DIST. NO. 181		PRIMARY REG. DIST. NO. 5675		Registrar's No. 29	
1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lincoln			
b. CITY (If outside corporate limits, write RURAL and give township) Foley		c. LENGTH OF STAY (In this place) 6 years		c. CITY (If outside corporate limits, write RURAL and give township) Foley		0570	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 8			
3. NAME OF DECEASED (Type or Print) WILLIAM		b. (Middle) BO SMAN		c. (Last) FINNERTY		4. DATE OF DEATH (Month) (Day) (Year) Sept. 5, 1952	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 22, 1879		9. AGE (In years last birthday) 73	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer - retired		10b. KIND OF BUSINESS OR INDUSTRY own farm		11. BIRTHPLACE (City and State or Foreign Country) Lincoln County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Martin Finnerty		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Letha Taylor			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Finnerty - Foley, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chr myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chr pyelonephritis</u> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 wks</u> <u>1 mo.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8-5, 1952, to 9-5, 1952, that I last saw the deceased alive on 9-4, 1952, and that death occurred at 11:45 pm., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Elsberry</u>				23b. ADDRESS Elsberry, Missouri		23c. DATE SIGNED 7/7/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 7, 1952		24c. NAME OF CEMETERY OR CREMATORY Hannover Grove		24d. LOCATION (City, town, or county) (State) Lincoln County Missouri	
DATE REC'D BY LOCAL REG. 9-15-1952		REGISTRAR'S SIGNATURE <u>Wm. Clakew</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Clakew</u>		ADDRESS Elsberry, Mo.	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4012

P. O. Address Elmhurst, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.